** KEEP WITH DOCUMENT **

DOCUMENT CODE TCI BUSINESS CODE	
Close Stock Nonstock	(LETAL LING CON CAIN THIS THIS WAS AND THIS THIS THIS THIS THIS THIS THIS THIS
P.A Religious	
Merging (Transf eror)	
•	
	ID # 00000309 ACK # 1000362008602023 PAGES: 0004 HPA RIDGE VIEW LLC (F/K/A STAR/HIRSCH R IDGEVIEW, L.L.C.)
Surviving (Transferee)	1
	New Name
FEES REMITTED	
Base Fee: 20	Change of Name
Org. & Cap. Fee:	Change of Principal Office
Expedite Fee: Penalty:	Change of Resident Agent Change of Resident Agent Address
Con State Recordation Tax: 6/14, 553	Resignation of Resident Agent
State Transfer Tax: //4/,573	Designation of Resident Agent
Certified Copies	and Resident Agent's Address
Copy Fee:	Change of Business Code
Certificates	Adoption of Assumed Name
Certificate of Status Fee: Personal Property Filings:	Adoption of Assumed Name
Mail Processing Fee:	
Other: Balkimore 343,118	Other Change(s)
county 571 sale	
TOTAL FEES:	
r	Code
Credit Card Check Cash	
1	Attention:
Documents on Checks	24.71.27
A	Mail: Name and Address
Approved By:	RESIDENTIAL TITLE & ESCROW COMPANY
	STE 200 100 Painters Mill RD
Keyed By:	OWINGS MILLS MD 21117
COMMENT(S):	
Real Property Location	
location	
	Stamp Work Order and Customer Number HERE
Bullimone County	
	CUST ID:0003323745 WORK ORDER:0004540325 DATE:10-19-2015 03:46 PM AMT. PAID:\$572,986.00

	Office Use Only				
REPORT OF TRANSFER OF CONTROLLING INTEREST					
(Please read the instructions below before completing this form)					
1. Type of filing: Regular Permissive					
2. Date of final transfer:October, 2015					
3. Name of Real Property Entity whose interest is being tra (F/K/A Star/Hirsch Ridgeview, L.L.C.)	, and the state of				
4. Mailing address for Real Property Entity: c/o Hirschfeld M	lanagement Inc.				
1030 New Britain Ave, West Hartford CT 06110					
5. Type of Real Property Entity: Corp LLC Unincorporated REIT Other-specify 6. State of formation: DE					
7. Total consideration for the controlling interest being tra	nsferred: \$ 22,918,511.00				
8. List below the value attributable to each of the following					
a) Maryland Real Property	\$				
b) Non-Maryland Real Property	\$				
c) Cash	\$				
d) Securities	\$				
e) Maryland Tangible Personal Property*	\$				
*Provide SDAT personal property account # for	each return:				
f) Non-Maryland Tangible Personal Property	\$				
g) Other: Attach description and method of valuation	\$				
Change value of Real Dranaute Entitle access	e 22.918.511.00				

Maryland State Department of Assessments & Taxation

10. Real property in Maryland directly or beneficially owned by the Real Property Entity:

Parcel 1:	14		E D Maidatana Carr	1 147b3a - B	4	UD 04007
Baltimore County County Name	1600009431 SDAT Account No.		5 B Maidstone Court, White Marsh, MD 21237			
Ť			Address or brief des	cripuon		
Description of building/ii	mprovements: Apartments					<u></u>
	om Item 3 above:					
Consideration attributable to the parcel: \$						
Parcel 2:*						
County Name	SDAT Account No.	Ad	dress or brief descripti	on		
Description of building/in	mprovements:	_ _				
Title holder if different fr	om Item 3 above:					
Consideration attributab	ole to the parcel: \$ parcels, attach a separate sheet	and inc	dicate total number of	parcels: _	-	
11. Specify and explain (Attach a separate sheet if more space	n any exemptions authorize is required).	d by l	aw being claimed v	vith this	filing:	
	rdation taxes paid with this 2,918,511 x 22,918,511 Item 8a amount	filing:	22,919,000 x	0.5	= \$	
Item 9 amount: \$	2,918,511	\$	22,918,511 _X	0.5%	= \$	114,593
	2,910,311	\$	Total amount 22,918,511 X	St. Rate 1.5	= \$	State Transfer 343,778
			Total amount	Co. Rate		Co. Transfer
Total Taxes \$						
Add the \$20 filing fee to the & Taxation.	he amount of the total taxes and	make 1	the check payable to ti	ne State E	epartn	nent of Assessments
Annotated, that this fill and the information of that I am authorized to reported the percentage consideration attribute information requested		inying my kn of the ing tra rty, ai	forms and attachn nowledge and belie Real Property Entit ansferred, that I hav nd that I have answ	nents) h f, is true y, that l ve fully r	as bee , corre have a eporte	en examined by me ect and complete, accurately ed the
Signature of authorized file	of A. Hirschfeld		Date			

14.) Contact information for this filing:

Simon Marciano	410-332-8	1514	
Name	Telephon	e	
NQGRG, 1 South Street, 27th Floor	Baltimore	MD	21202
Address	City	State	Zip code

CUST ID:0003323745 WORK ORDER:0004540325 DATE:10-19-2015 03:46 PM AMT. PAID:\$572,986.00